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APPLICANTS Marcus Braun, Stuttgart-Vaihingen, GERMANY; ** CONTINUING DATA ***** <i>AT</i> ** FOREIGN APPLICATIONS ***** <i>AT</i> GERMANY 103 30 604.8 06/02/2003 GERMANY 103 14828.0 04/01/2003 IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/17/2004					
Foreign Priority claimed: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged: <i>David M. Thimmig</i> Allowance Examiner's Signature: <i>AT</i> Initials		STATE OR COUNTRY GERMANY	SHEETS DRAWING 5	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 1
ADDRESS David M. Thimmig MAYER, BROWN, ROWE & MAW LLP P.O. Box 2828 Chicago, IL60690-2828					
TITLE Surgical instrument					
FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		